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Appropriations Committee
March 23, 2009

[LB269 LB369 LB459 LB572]

The Committee on Appropriations met at 1:30 p.m. on Monday, March 23, 2009, in Room 1524 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB269, LB572, LB459, LB369, and agency budgets. Senators present: Lavon Heidemann, Chairperson; John Harms, Vice Chairperson; Tony Fulton; Tom Hansen; Heath Mello; Danielle Nantkes; John Nelson; Jeremy Nordquist; and John Wightman. Senators absent: None.

SENATOR HEIDEMANN: Welcome to the Appropriations Committee. We're going to go ahead and get started here. We'll start with...we've got a pretty full committee. I think Senator Harms right now is actually introducing a bill. He'll be joining us later. But we'll start with some introductions and we're just going to do self-introductions today.

SENATOR NORDQUIST: Introduce self? All right. I'm Jeremy Nordquist. I represent District 7, which covers downtown and south Omaha.

SENATOR HANSEN: I'm Tom Hansen from District 42, the Lincoln County area.

SENATOR NANTKES: I am Danielle Nantkes, north Lincoln's "Fighting 46" Legislative District.

SENATOR WIGHTMAN: John Wightman, District 36, most of Dawson County and most of the area of Buffalo County, not so much of the population.

SENATOR HEIDEMANN: I'm Senator Lavon Heidemann, District 1, southeast Nebraska. Our fiscal analyst at the present time is Liz. The page for today is just Andy. I only see one so it must be just Andy. And our committee clerk is Anne Fargen. Senator Harms sits here. He will be joining us later. He has a bill introduction right now.

SENATOR NELSON: He's from Scottsbluff, right?

SENATOR HEIDEMANN: Scottsbluff.

SENATOR NELSON: All right. I'm John Nelson, representing District 6 in central Omaha.

SENATOR FULTON: Tony Fulton, representing District 29 in south-central, southeastern Lincoln.

SENATOR MELLO: Heath Mello, representing District 5, south Omaha, north Bellevue.

SENATOR HEIDEMANN: With that, at this time I would like to remind you, if you have

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cell phones, if you would please either shut them off, put them on silent or vibrate as not to disrupt us later on. Also want to remind you the testifier sheets are on the table or near the back doors. We ask that you please fill this out completely and put them on the box on the table when you testify. You do not need to fill out this form if you aren't publicly testifying. At the beginning of your testimony, we please ask that you please state and spell your name. Nontestifier sheets are near the back door if you do not want to testify but would like to record your support or opposition; only fill out if you would not be publicly testifying. If you have printed materials, we ask that you give them to the page at the beginning of your testimony. We'll need at least 12 copies. In the matter of time, this might be a little bit longer hearing today it normally is. We ask that you please keep your testimony concise and on topic, under five minutes would be appreciated. At this time, I am going to turn over it over to Senator John Wightman. I have the first two bills up and I'll be joining you again later.

SENATOR WIGHTMAN: Thank you, Chairman Heidemann. So we will recognize Chairman Heidemann for LB269 that would change the Nebraska Tobacco Settlement Trust Fund. [LB269]

SENATOR HEIDEMANN: It is LB269, correct? [LB269]

SENATOR WIGHTMAN: Yes. [LB269]

SENATOR HEIDEMANN: Okay. [LB269]

SENATOR WIGHTMAN: It's what my sheet says. [LB269]

SENATOR HEIDEMANN: Thank you, Senator Wightman and fellow members of the Appropriations Committee. I am Senator Lavon Heidemann, spelled H-e-i-d-e-m-a-n-n. I represent District 1 in southeast Nebraska and I'm here today to introduce LB269. LB269 harmonizes the distribution of funding for the Tobacco Settlement Trust Fund and for the Medicaid Intergovernmental Trust Fund. Currently, all appropriations and transfers from these two funds flow through the Health Care Cash Fund except for two: transfers into the Stem Cell Research Cash Fund, and the Tobacco Prevention and Control Cash Fund. The transfers into these two funds are an intercept of the tobacco settlement revenue. Because of the two different processes on how the funds are distributed, it has been confusing and when we use the funds...when the use of funds is discussed or analyzed by policymakers. Therefore, LB269 harmonizes the handling of all activity for the tobacco settlement agreement and the Medicaid intergovernmental transfers. LB269 retains the current level appropriations or transfers for all programs. If there are any questions, I will try to answer them. [LB269]

SENATOR WIGHTMAN: There will be other testifiers, will there, Senator Heidemann?
[LB269]

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SENATOR HEIDEMANN: I...this one is not very controversial. I don't know if anybody will testify on this one actually. [LB269]

SENATOR WIGHTMAN: Can you tell us again, just as a reminder, Senator Heidemann, how many...what do we have in dollars in the Nebraska Settlement Trust Fund? [LB269]

SENATOR HEIDEMANN: I wouldn't be able to tell you that right now. I know more about what's coming back out again. I'm not very...I'm not...I couldn't tell you right now exactly what's in there. [LB269]

SENATOR WIGHTMAN: Thank you. Senator Nordquist. [LB269]

SENATOR NORDQUIST: So can you just run over the numbers, what's coming out now and how this would...? [LB269]

SENATOR HEIDEMANN: This is actually very simple and it should be noncontroversial. The majority of the money from the settlement flows into the Health Care Cash Fund and then flows back out. There's two items that I stated that actually intercept it before it goes in, and all we're trying to do is get everything to flow in and then fund it. We're not taking any money away from anything. We're not changing any appropriations. We're just getting...simplifying things. Should be, hopefully, very noncontroversial. [LB269]

SENATOR WIGHTMAN: So we're really just increasing it to handle the amount of money that would flow into it at this point, not appropriating anything out of it. [LB269]

SENATOR HEIDEMANN: We're actually...we're not changing any appropriations. We're just making sure all the money flows out of the Health Care Cash Fund and isn't intercepted before where actually two programs now actually intercept it before it actually goes in. [LB269]

SENATOR WIGHTMAN: Thank you. Anybody else have any questions? Do we have other testifiers with regard to LB269? Yes. [LB269]

TOM ROSENQUIST: (Exhibit 1) Mr. Chairman, members of the Appropriations Committee, I am Tom Rosenquist, R-o-s-e-n-q-u-i-s-t, vice chancellor for research at the University of Nebraska Medical Center. Thank you for the opportunity to speak with you this afternoon in favor of LB269, as introduced. As proposed, LB269 appears to be a procedural change that is not intended to affect the distribution of the fund. The Nebraska legislative and executive branches showed great vision when you apportioned a generous share of the tobacco settlement directly to health research. This support is critical not only to assure that Nebraskans have continuing access to state-of-the-art healthcare but also to the continuing growth of research in Nebraska

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and, as such, it is key to underpinning the overall economic health and stability of the state. Currently, the portion of the tobacco funds that goes directly to health research is \$14 million per year, distributed among the four major healthcare research institutions in Nebraska based upon their ability to attract funding from the National Institutes of Health. The University of Nebraska Medical Center is a major beneficiary of this support. In the most recent complete fiscal year for which we have provided you a report, 2007-2008, UNMC received about \$6.8 million. These funds were applied to three main areas: research in health disparities among the underrepresented minority populations in our state; research infrastructure and development; and the recruitment and retention of excellent scientists. The strategy for application of these funds in each of these categories is directed toward their investment to facilitate the growth of programs and the further development of scientists, leading to growth in extramural support for these people and programs. In 2007-08, UNMC applied about \$4.4 million, or 65 percent of the total tobacco settlement award, to the strategic recruitment and retention of excellent scientists. This percentage is typical of each of the seven years during which we have been fortunate enough to receive these key developmental dollars. In that seven-year interval since 2001, UNMC has invested a total of \$23 million in the strategic recruitment and retention of a total of 104 researchers of high merit, each with an international reputation in health sciences research and each with the ability to attract extramural grants and contracts in the highly competitive world of the twenty-first century. At last count, these men and woman have attracted to UNMC and Nebraska a total of nearly \$271 million in grants and contracts, subsequent to our investing tobacco settlement dollars in their programs. This represents a return of about 11 to 1 on the Nebraska tobacco settlement dollars that have been used directly for recruitment and retention of scientists at UNMC. The University of Nebraska at Lincoln has enjoyed similar success, as have Creighton University and Boys Town Hospital. Last year, tobacco settlement dollars were applied to the recruitment of the breast cancer research team from Northwestern University, led by Hamid and Vimla Band. This team has taken the already strong UNMC breast cancer effort to new high levels. In the past three months alone, UNMC scientists who were recruited with tobacco settlement dollars have received a \$10 million grant directed toward a solution to the scourge of antibiotic-resistant bacteria through the development of unique new antibiotics, and another \$10 million grant to develop new therapies for cancer, using sophisticated twenty-first century nanotechnology. This investment of tobacco settlement dollars obviously has been crucial for the growth of health sciences research and, therefore, for our ability to help ensure that Nebraskans have direct access to state-of-the-art diagnosis and treatment. But the investment also has had a major economic impact on the economy of Omaha and, because we are a 500-mile-wide campus, upon Nebraska as a whole. The National Institutes of Health reports that there may be as many as 30 or more jobs created in a local economy for each million dollars of grant money that flows into that economy. Given the direct relationship that we have found between the application of tobacco settlement dollars and research growth, and the strategic leveraging of those dollars for many more millions of grant dollars, the

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importance of your investment of tobacco funds in the research enterprise of your university cannot be overstated. Once again, we wish to thank the Legislature for the wisdom and foresight that went into the planning of this distribution of tobacco dollars. It has been a key to our growth, it is a boon to the economy of the state, and it is essentially unique among the 50 states. Thank you. [LB269]

SENATOR WIGHTMAN: Thank you, Vice Chancellor. Does anybody have any questions or comments? Seeing none, thank you for your testimony. Yes, while Dr. Paul is coming up to visit with us, do we...can we see a show of hands, how many people still intend to testify in support? Anybody in opposition? Anybody in the neutral capacity? Okay, that just helps us get a little reading. Thank you. [LB269]

PREM PAUL: (Exhibit 2) Senator Wightman, members of the Appropriations Committee, good afternoon. My name is Prem Paul, P-r-e-m P-a-u-l. I have the honor of being vice chancellor for research and economic development at the University of Nebraska-Lincoln. Thank you for giving us the opportunity to testify today to voice UNL's support of LB269. The tobacco settlement funds are the kind of farsighted investment that is required to achieve great scientific breakthroughs. UNL has honored the intentions of the Legislature by investing tobacco settlement funds in areas of biomedical research that have an impact on the health of all Nebraskans and on the economy of our state. We're investing for the long term, with the knowledge that today's great advances in health grow from basic research begun years, sometimes decades, ago. Nevertheless, UNL's investment of tobacco funds has already begun to show dramatic results, both in our research capabilities and in the discoveries of our scientists. UNL has seen an impressive growth in National Institutes of Health funding. Since the tobacco settlement funding was initiated in 2001, it has quadrupled, from less than \$5 million per year to nearly \$20 million last year alone. The investment of tobacco funds has helped make this phenomenal growth possible. Tobacco funds have allowed us to hire new research faculty and acquire the cutting edge instrumentation they need to succeed. During the past year, UNL received \$3.58 million and allocated over \$400,000, 11 percent, for strategic faculty recruitment and retention; over \$2.9 million, about 82 percent, was used to support 13 grants for infrastructure and new research projects; about \$251,569, 7 percent, was used to support minority health research programs. These funds have been invaluable, giving us the resources to hire high-achieving senior scientists and outstanding young scientists who are our future. We are already seeing impressive results. One of our new recruits, Dr. Gary Pickard in the veterinary...Department of Veterinary and Biomedical Sciences, who we recruited from Colorado State, currently has more than \$1 million of pending proposals at the National Institutes of Health. He also brought in additional grants. The work of Dr. Kimberly Espy, which focuses on the effects of smoking while pregnant and also includes minority populations, has leveraged small investment of tobacco settlement funds into two grants totaling more than \$8 million this year. The support of tobacco settlement funds helped UNL secure a \$10 million renewal grant last year for our Redox

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Biology Center from the National Institutes of Health to continue important health research. The funds also supported the purchase of important research equipment in the new Ken Morrison Life Sciences Research Center which houses the Nebraska Center for Virology, which included collaboration among faculty from UNL, UNMC, and Creighton University. We recently invested tobacco funds in a new research team, they call themselves neutral genomics, to study interactions between nutrition and genetics. Together, UNL and UNMC have won more than \$400 million in NIH funding for Nebraska since the investment in the tobacco settlement was initiated. It was a smart investment that will continue to pay dividends for Nebraska. In Nebraska, the tobacco funds have made a proven difference. We urge you to vote for LB269. Thank you. [LB269]

SENATOR WIGHTMAN: Thank you, Vice Chancellor. Do we have anybody? Senator Carlson...or Hansen, I'll get your name right. You're Hansen. [LB269]

SENATOR HANSEN: Thank you, Dr. Paul. Good to see you again, of course. When the tobacco settlement was originally...those funds were originally distributed, was there a tie there to have that research have anything to do or something to do with tobacco? I know you mentioned Dr. Kimberly Espy, the effects of smoking while pregnant. Are there any other...or, I guess, originally was there intent on reducing the use of tobacco? It looks, by the sound of your testimony, it sounds like tobacco is pretty important to this state,... [LB269]

PREM PAUL: Well,... [LB269]

SENATOR HANSEN: ...which we don't raise any but we do use some. [LB269]

PREM PAUL: I...maybe the others are here, maybe Ron with some others can address that. But I think the major part was that it will be to improving health in general so...but I think that if it could be used for tobacco, that's a good thing. But again, I would have to defer to my other colleagues. [LB269]

SENATOR HANSEN: Okay. Thank you. [LB269]

SENATOR WIGHTMAN: Any other questions? Good afternoon. [LB269]

JAMES CAVANAUGH: Good afternoon, Senator, members of the Appropriations Committee. My name is James Cavanaugh. I'm an attorney and registered lobbyist, representing Creighton University. I'd like to quickly just echo some of the previous testifiers' testimony relative to how much good this has really done for the state of Nebraska, keeping us in the forefront of biomedical research nationally. The programs that Creighton is involved with, I'll be submitting additional information to the committee, but include the world-recognized, groundbreaking genome work that Dr. Henry Lynch

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has been doing at Creighton for some years now. The multiplier effect that you heard from the two previous testifiers is true throughout the program. Both Creighton and Boys Town I think have similar experiences with attracting other dollars to Nebraska that would go, without this funding, to other places. The idea that your share of the fund is predicated on your share of non-Nebraska NIH funding is a good one. It acts as an incentive for research institutions in Nebraska to go and seek outside funding because that could have an impact on your subsequent share of the tobacco settlement funds. Relative to Senator Hansen's question about connections to tobacco or tobacco-related diseases, there is a separate program with dedicated cigarette tax funding that goes to UNMC and Creighton to conduct specific cancer-related research, and that was set up some years before the biomedical research tobacco settlement monies became available, but you'll, I'm sure, in the course of your hearings on those funds come across that. And again, those dollars have acted as a magnet for cancer-related research to come to Nebraska, those two fine institutions, to conduct cancer research. I'd be happy to answer any questions you might have. [LB269]

SENATOR WIGHTMAN: Thank you, Mr. Cavanaugh, for being here. Any questions? [LB269]

JAMES CAVANAUGH: Thank you. [LB269]

SENATOR WIGHTMAN: Seeing none, any other testifiers in favor of LB269? (See also Exhibit 3) Anyone opposed? Anyone want to testify in a neutral capacity? Seeing none, Senator Heidemann, you're recognized to close. Senator Heidemann waives closing, so I think he's back up again on LB572. [LB269 LB572]

SENATOR HEIDEMANN: Good afternoon, Senator Wightman and fellow members of the Appropriations Committee. I'm Senator Lavon Heidemann, spelled H-e-i-d-e-m-a-n-n. I represent District 1 in southeast Nebraska. I'm here today to introduce LB572. LB572 reduces the \$3 million annual transfer of tobacco settlement funding to the Tobacco Prevention and Control Cash Fund to \$1.5 million. Reducing this transfer allows more money to flow into the Tobacco Settlement Trust Fund. The Tobacco Settlement Trust Fund is one of the two funds from which the annual transfer into the Health Care Cash Fund is made. By allowing more funding to flow into the trust fund, the sustainability of the Health Care Cash Fund is increased. Based on the projections of revenue earnings and appropriations from the fund, the Health Care Cash Fund is projected to be exhausted by 2042. If there are any questions, I will try to answer them. I do want to state that I don't think there's probably going to be a lot of people coming up in favor of this bill. I think we've seen that on the last bill. But I do believe that because people came up on the last bill, there is...there is people that are watching what's happening to the Health Care Cash Fund. And it's a concern of mine. I had a conversation with Liz Hruska last fall about the sustainability and what we could do. This is, to me, is a tool to maybe open up debate more than anything else. It's not

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my intention to hurt anybody. There are a lot of good things that happen out of the Health Care Cash Fund and I think this state has to have a policy discussion on what they want to see done with the Health Care Cash Fund. I think we need to be very proud of ourselves as a state how we have handled the money coming in from the settlement. We have done good things, there are a lot of good things that come out of the Health Care Cash Fund between research, health departments, and other things, and because I am so proud of it I probably...it's my point that I would like to see it be more sustainable and I think we have to have that debate. There's a bill on the floor right now that will take more money out of the Health Care Cash Fund and I have concerns with that, and I think we do have to have this debate and this is probably part of the tool that I'm going to use to bring up this debate. So if there are any questions, I'll try to answer them. [LB572]

SENATOR WIGHTMAN: Senator Nordquist. [LB572]

SENATOR NORDQUIST: Thank you. Thank you, Chairman. Just real quick, I agree that, you know, we need to look at the sustainability of it and the flow into it and the flow out of it. Why did you pick this specific program? [LB572]

SENATOR HEIDEMANN: This is more from recollection than I know probably for fact, but I...and there probably are going to be people that are going to come up here and correct me, but I think we as a state maybe spend more money on this than other states. I believe we've put more money into this recently and I'm not recalling exactly right now. I think in a budget bill actually last year, that we had put more money into this. But I think that there will be people that will probably come up and testify what they all do. I'm not picking on anybody, by any means. There was maybe a little justification to what we did, but there will be a whole lot of people behind me trying to tell us that we're not justified also, I'm sure. [LB572]

SENATOR NORDQUIST: Sure. Well, I appreciate your willingness to have a dialogue on it and I just have concerns about this program, in particular. I think it is important to go forward with more tobacco prevention and cessation programs in our state. Thank you. [LB572]

SENATOR WIGHTMAN: Senator Heidemann, as I remember the discussion on this last year, a lot of states have used these tobacco funds for things far more ranging than health and medical research. We tended to hold ours to those issues more, as I recall. Is that a correct statement? [LB572]

SENATOR HEIDEMANN: Very much so. We've had golf courses and roads and everything else built. And I don't have a problem with the priorities that we have and if this is a priority, that is fine. I'm more worried about the sustainability of it. And if this is a priority that needs to stay in there, that's fine with me. [LB572]

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SENATOR WIGHTMAN: Senator Fulton. [LB572]

SENATOR FULTON: Thanks, Chairman Heidemann. Can you comment a little bit on the...at some point, I would assume that you or maybe our analyst or someone else has seen some sort of decline in the principal, for lack of a better term, principal balance of the Health Care Cash Fund. Has there been a precipitous decline in that balance recently? Is that tied to the economy? Is that tied to our, perhaps, overuse of the Health Care Cash Fund? I guess mathematically, where has the decline...what tipped you off or...? [LB572]

SENATOR HEIDEMANN: I've been here, this is my fifth year and on Appropriations all four years and Chairman for the last three now, but there are always people that are coming in and trying to get funding for their program through the Health Care Cash Fund because it's not General Funds and it won't have a fiscal impact to the General Fund at that time. So we've seen some probably bleeding going on there. What happened last fall, though, with the stock market, these funds are invested in stocks and various other things and it took a...took a good hit. So two different things happening, probably the economy probably did the biggest hit to it, but there are other things that are happening also. [LB572]

SENATOR FULTON: Is the...in 2040, I think, in your testimony... [LB572]

SENATOR HEIDEMANN: Twenty forty-two, I believe it was. [LB572]

SENATOR FULTON: Okay. Is that a...is that a...is that a prediction? Is that based on...I guess what's that based on? There are a lot of different models I could give to you. [LB572]

SENATOR HEIDEMANN: I'm not for sure if that was based on before the economy turned south or after. Before it? After it. So that's a fairly solid number... [LB572]

SENATOR FULTON: Uh-huh. [LB572]

SENATOR HEIDEMANN: ...right there. If you recall, the debate we had on the floor was a bill that Senator Gay had with safe haven, they was going to intercept some funds or take some funds out of the Health Care Cash Fund and that would have took the sustainability to 2035. I think I'm correct. [LB572]

SENATOR FULTON: Okay. [LB572]

SENATOR HEIDEMANN: So the more you take out of it, the less sustainable it's going to be. [LB572]

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SENATOR FULTON: Certainly at some point, with...I mean it's probable that the economy is not going to continue doing what it's doing, at least we hope so or else we're all in trouble, but we're probably at that point in dipping into the Health Care Cash Fund where new expenditures from this point forward could cause the overall sustainability to become questionable. [LB572]

SENATOR HEIDEMANN: Without a doubt. [LB572]

SENATOR FULTON: Without a doubt. Okay. [LB572]

SENATOR WIGHTMAN: Senator Heidemann, I suppose that this is kind of a picture that you could take at any time as to what the sustainability of that cash fund is, and could easily change even day to day on the stock market. Is that a fair statement? [LB572]

SENATOR HEIDEMANN: To a point. You could argue that we are struggling as a state with the defined benefit plan also. We can't wait, though, for that...for the market to get better to correct that. We as a state have to come in and help it to be sustainable on the defined benefits. And this is probably, in my mind anyway, an opinion, probably a little bit in the same fashion. Just having the market and the economy get better will not make this thing sustainable. We have to make sure...we have to help it get there. [LB572]

SENATOR WIGHTMAN: I'm assuming, however, in a down economy, if you make big withdrawals from that fund, it has a more difficult time recovering than if you're withdrawing at the top of the market because you have less funds to make the recovery. [LB572]

SENATOR HEIDEMANN: Probably if you would have asked me a year ago, when people come to us, we look at sustainability if we can do this, it looked a lot better. Everything that we probably was doing up to that time, I always had concerns, I will say that. Every time someone comes to us and we look at the sustainability, and we always give just a little bit more and just a little bit more, I think maybe we're at a point of not giving a little bit more but look more for priorities and fund, you know, within, on a certain dollar amount, versus always putting on top. [LB572]

SENATOR WIGHTMAN: But, as you suggested earlier, I think that this is really a vehicle for discussion as much as it is to set the parameters at this point. Is that...? [LB572]

SENATOR HEIDEMANN: Yes. [LB572]

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SENATOR WIGHTMAN: Thank you. Any other questions? Senator Nantkes. [LB572]

SENATOR NANTKES: Thank you, Senator Wightman, Senator Heidemann. And I think...I commend you for bringing this legislation forward. As you well know that this has been overarching point of dialogue amongst the committee in terms of long-term planning for the state and I think that this gives us a very thoughtful opportunity to talk about the important work that happens under this fund and how we can continue that long into the future. So I just wanted to say bravo, for the record. [LB572]

SENATOR HEIDEMANN: Thank you. [LB572]

SENATOR WIGHTMAN: Thank you, Senator Nantkes. Any further questions? Senator Nelson. [LB572]

SENATOR NELSON: You're cutting the amount going to the Tobacco Prevention and Control Cash Fund by about half. Is that correct? [LB572]

SENATOR HEIDEMANN: Correct. [LB572]

SENATOR NELSON: Do you feel that that money, the overall amount that it's been getting, has not been fully utilized or is going the wrong places? Is it just a matter of priorities here that...? [LB572]

SENATOR HEIDEMANN: We're probably checking, we're looking for priorities. [LB572]

SENATOR NELSON: All right. [LB572]

SENATOR HEIDEMANN: And maybe we need to find...have that debate, Senator, whether \$1.5 million will be enough or do we need \$3 million. We probably have to have that debate. There will be people probably help us with that following up, I got a feeling. [LB572]

SENATOR NELSON: All right. Thank you, Senator. [LB572]

SENATOR WIGHTMAN: Any other questions? If not, is there other testifiers on LB572? Yes. If you want to...I saw one. You can come forward and testify. Oh, is there anybody...are you testifying in opposition? [LB572]

CINDY JEFFREY: In opposition. [LB572]

SENATOR WIGHTMAN: Is there anybody testifying in support, before we take any opposition testimony? Okay, you're welcome to. Thank you. [LB572]

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CINDY JEFFREY: (Exhibits 4, 5 and 6) Good afternoon, Senator Wightman and members of the Appropriations Committee. I'm having materials distributed that's a snapshot from the Tobacco Free Nebraska Program, an update on some of the activities and data regarding tobacco use in Nebraska. I'm also asking for distribution for a letter of opposition to LB572 on behalf of PRIDE-Omaha. My name is Cindy Jeffrey, J-e-f-f-r-e-y, and I serve as the executive director of Health Education, Incorporated. We're a statewide nonprofit, dedicated to promoting public health of Nebraskans and focus on preventing tobacco use and secondhand smoke exposure. I also represent the American Cancer Society as state lead ambassador and the American Heart Association as a volunteer. Before I get into my prepared comments, I would like to address a couple of questions that have arisen at this point. Senator Hansen, you had asked about the use of Master Settlement Agreement funds. In 1998, Nebraska was part of a multistate agreement with the tobacco industry for...that resulted in this fund, the multistate agreement. As part of that agreement, the intention in part of the agreement was that money from the proceeds be used to prevent tobacco use and secondhand smoke exposure. In 2000, Nebraska began spending that money, with tobacco use and prevention being part of that agreement. Nebraska has done a good job in spending Master Settlement Agreement funds toward health and I think Nebraska can be commended for focusing its efforts on health. I believe that as the discussion about where priorities should be with Master Settlement Agreement, preventing tobacco use and secondhand smoke exposure should be a top priority for funding, in particular, because that was the intention of Master Settlement Agreement funds and because tobacco use remains a number one preventable health concern in the state. Despite strides made against tobacco use, tobacco continues to make a significant impact on Nebraskans. A full 20,400 Nebraska high school students smoke; 15.2 percent of Nebraska high school boys used smokeless or spit tobacco; and each year, 2,100 Nebraska kids younger than 18 become new daily smokers. At the same time, 96,000 Nebraska kids are exposed to secondhand smoke at home. Healthcare costs directly relating to smoking in Nebraska total \$537 million per year. The portion of those costs covered by the state Medicaid Program is \$134 million. The state and federal tax burden on Nebraskans from smoking caused government expenditures is \$580 per household. And smoking caused productivity losses in Nebraska total almost one-half billion dollars. At the same time, tobacco industry marketing expenditures in the state total approximately \$76 million. A primary evidence-based strategy for reducing the problems resulting from tobacco use is for states fully fund programs to reduce tobacco use and exposure to secondhand smoke. In 1998, as I mentioned, Nebraska was part of a multistate settlement with the tobacco industry. The 1998 MSA provided for massive annual payments to the state from major cigarette companies to settle the states' lawsuits against them and provided funds that could be used to prevent and reduce tobacco use, especially among youth. In 2000, through the historic passage of LB1436, Nebraska initiated funding of tobacco prevention and control and based its program allocation on recommendations from the U.S. Centers for Disease Control and Prevention. Currently, the U.S. Centers for Disease Control and Prevention

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recommends that Nebraska spend \$21.5 million annually on tobacco prevention and control. Initial spending in Nebraska for the program was set at \$7 million annually for three years. Since the passage of LB1436, Nebraska has seen a number of achievements in tobacco control. These achievements include statewide media campaign that reaches throughout the state, a toll-free tobacco cessation Quitline available free of charge to all Nebraska smokers and those who use tobacco products, substantial funding for community-based, best practice activities targeting youth and adults, significant funding for outreach to minority populations, and statewide surveys and other evaluation activities to monitor changes in various tobacco-related attitudes and behaviors. Today, Nebraska-based tobacco prevention and control funding has dropped to \$3 million annually, or about 14 percent of the recommended funding level recommended by the U.S. Centers for Disease Control and Prevention for Nebraska. There is some variation among states about how well they are meeting U.S. Centers for Disease Control recommendations. Our neighbors to the north in North Dakota just passed a measure this last November that fully funds tobacco prevention and control in that state at the level that U.S. Centers for Disease Control recommends. Nebraska has two primary sources of income that can be used to fund tobacco use prevention and cessation. These are taxes on cigarettes and other tobacco products, and revenue from the Master Settlement Agreement with the tobacco industry. These two revenue sources generate a combined \$104.7 million annually for the state, far more than a fully funded program would require. At the moment, only 2.8 percent of this revenue is dedicated to helping smokers quit and keeping kids from using tobacco. Nebraskans deserve a continuation and expansion of its commitment to preventing tobacco use and its problems. I urge you, on behalf of Health Education, Incorporated, the American Cancer Society, and the American Heart Association to preserve our current commitment to funding tobacco use, prevention and control, and vote against LB572. And I did want to thank Senator Heidemann for the comment that said that this wasn't a particular interest in targeting this particular program. Thank you, Senator Wightman and members of the Appropriations Committee. [LB572]

SENATOR WIGHTMAN: Thank you, Cindy, for your testimony and for being here today. I know you've talked about prevention of tobacco use and I'm wondering, are you promoting legislation that would totally prevent tobacco use, or are we talking about limiting or reducing tobacco use? [LB572]

CINDY JEFFREY: I think our focus is on preventing and reducing tobacco use, especially among youth. [LB572]

SENATOR WIGHTMAN: And maybe there's a fine line between them, but if you got down to legislation that totally prohibited smoking, I would consider that prevention for sure. And I don't know if you're promoting that or not. [LB572]

CINDY JEFFREY: I agree, it's a fine line. We have not permitted... [LB572]

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SENATOR WIGHTMAN: You've not promoted that. [LB572]

CINDY JEFFREY: ...promoted any prohibition of tobacco use. I think our focus has been on educating, preventing tobacco use, and preventing exposure. [LB572]

SENATOR WIGHTMAN: And I know we've had bills today but we've got another one that may or may not get to the floor on prohibiting the use in a vehicle in which children are riding. There may be others but I know that one, I don't think has been killed in committee at least. Are there others out there, too, that would prevent tobacco uses in some form or do you know? [LB572]

CINDY JEFFREY: I think the legislation you mentioned regarding smoking in cars has been an interest of some. There are certainly other efforts. In fact, there was a bill introduced this session regarding where tobacco products are placed and looking at preventing youth initiation by limiting their access to tobacco use. I think the best and most successful programs are comprehensive programs that look at a wide variety of strategies, the Tobacco Free Nebraska Program being one of the primary strategies because we can reach youth and all Nebraskans with media, community programs, preventing secondhand smoke exposure also is critically important. [LB572]

SENATOR WIGHTMAN: Have some of your expenses been in lobbying in behalf of some of the bills that are on the floor or in the Legislature this year? [LB572]

CINDY JEFFREY: Some of the...some of the advocacy organizations have been working, in particular, to preserve the smoke-free work sites law that is scheduled to go into effect this session. This is a primary concern of ours as well to ensure that funding continue at a significant level for Tobacco Free Nebraska. [LB572]

SENATOR WIGHTMAN: And I don't mean that in a critical manner. [LB572]

CINDY JEFFREY: Right. [LB572]

SENATOR WIGHTMAN: I just am somewhat interested in what your use of funds has been. But anybody else? Senator Nordquist. [LB572]

SENATOR NORDQUIST: Yeah, you mentioned that some of the programming is based on national recommendations. What organization is the recommendations from? [LB572]

CINDY JEFFREY: The recommendations were put forward by the U.S. Centers for Disease Control and Prevention. In 1997, I believe, they initially made recommendations and they updated those. [LB572]

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SENATOR NORDQUIST: Okay. And have we kind of tracked the performance of these and gotten any measurable results and do you have any of those of the...either...are they in the books? [LB572]

CINDY JEFFREY: We have... [LB572]

SENATOR NORDQUIST: Okay. [LB572]

CINDY JEFFREY: ...and this is the latest... [LB572]

SENATOR NORDQUIST: Okay. [LB572]

CINDY JEFFREY: ...tracking against those... [LB572]

SENATOR NORDQUIST: Okay, great. [LB572]

CINDY JEFFREY: ...indicators. We have seen here in Nebraska and in other states basically a dose relationship. The more money that we spend on preventing tobacco use and exposure, the greater the results that we see. And that happens in state after state, including Nebraska. [LB572]

SENATOR NORDQUIST: It's very helpful, when making decisions, to have that kind of hard evidence of results. [LB572]

CINDY JEFFREY: Absolutely. [LB572]

SENATOR NORDQUIST: Thank you. [LB572]

SENATOR WIGHTMAN: Senator Hansen. [LB572]

SENATOR HANSEN: Thank you. This is kind of a follow-up on Senator Nordquist's question too. In the second handout, I believe, that you have today, page 4, in the year 2000, Nebraska, for 18 years and older, was reported to be 21.2 percent. After that many years it's at 19.8 percent use of 18 years and older. That doesn't look like a really huge drop for all the money. And I don't know how much money we've spent, but it's also with United States, I mean nationwide and Nebraska cessation programs or alternative programs. I don't...I don't know what the answer is, I have no idea, but is there something else that needs to be done with the resources that we have? [LB572]

CINDY JEFFREY: I think that the resources that we have, have been spent very well. Currently, \$3 million is about 14 percent of what the U.S. Centers for Disease Control and Prevention recommends. This is a long-term problem and it's something that we

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can't address overnight. And when we're talking about percentage points, we're looking...each percentage point is a number of people. I think some of the key indicators that we can show where the tobacco use program has been very successful, we're seeing significant reductions in exposure to secondhand smoke over the past years. We're seeing that a number of smokers themselves are choosing to make their home smoke free. I think these are some of the great strides that have been made in the state as a result of the tobacco program. [LB572]

SENATOR HANSEN: Okay. I can't find the chart right offhand about those that are younger than 18, but it looks like about 20 percent of the 18 and older is going to smoke anyway, no matter now how much money we spend on it. That's an observation. And I do know that...I don't know a single minor under the 18 that drinks a single malt scotch because it costs \$60 a bottle and I don't know whether, you know, if we could price it out of juveniles' range or not, but... [LB572]

CINDY JEFFREY: To answer the first part of your question, other states that spend more per capita start to reduce tobacco use even greater. California is a primary example. And one of the things that we're starting to see from California, which started significantly funding tobacco prevention measures probably a good ten years before Nebraska did, we're starting to see significant reductions in cancer rates there as well. So I think we do have the evidence and I'd be happy to provide more of that to you specifically to address that question. And I'm sorry, your second part of the question was...? [LB572]

SENATOR HANSEN: Can we price tobacco out of juveniles' hands? [LB572]

CINDY JEFFREY: I would second that, absolutely. Increasing the price of tobacco products is one of the single, most-effective ways to reduce tobacco use. When Nebraska raised its cigarette tax from 34 cents a pack to 64 cents a pack, we saw significant declines in tobacco use in the state. Other states are increasing tobacco taxes even more. The federal government has just increased taxes as well. I would certainly support any effort to significantly raise those prices. [LB572]

SENATOR HANSEN: But we have to remember that there are other alternatives out there for addiction, so. [LB572]

CINDY JEFFREY: Absolutely. I don't think we're going to end tobacco use or other problems, but I think it's worth the effort to try to reduce it significantly. [LB572]

SENATOR HANSEN: Thank you. [LB572]

SENATOR WIGHTMAN: Thank you, Senator Hansen. And I guess one of the things that we're looking at is what the parameters ought to be and they're pretty well drawn

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here in that Senator Heidemann's bill would cut the amount and maybe make it more sustainable for a longer period of time. You know, taking your position, you could spend half of all the funds available in one year and whether you would...the question is, is whether you're better with something that is sustainable that will continue to educate youth and everybody across the state down the road, and finding that happy medium is I guess our task. Would that be a fair statement? [LB572]

CINDY JEFFREY: I think that's a fair statement and we certainly support the idea that the program has to be sustainable. It's something that we can't just do one year and then cut back. This is a long-term problem that needs long-term resources. [LB572]

SENATOR WIGHTMAN: Thank you, Cindy. Anybody else with questions? Seeing none, thank you for your testimony. [LB572]

CINDY JEFFREY: Thank you. [LB572]

SENATOR WIGHTMAN: Anyone else? And your testimony will be in opposition? [LB572]

CHARLOTTE BURKE: Yes. [LB572]

SENATOR WIGHTMAN: How many others do we have that would testify in opposition? I couldn't see...okay, two more hands. [LB572]

CHARLOTTE BURKE: (Exhibit 7) Senator Wightman and members of the Appropriations Committee, thank you for the opportunity to present. My name is Charlotte Burke and I'm representing the Lincoln-Lancaster County Health Department and I'm testifying in opposition of LB572 and I'll... [LB572]

SENATOR WIGHTMAN: Could you spell your name, please? [LB572]

CHARLOTTE BURKE: Oh. It's Charlotte, C-h-a-r-l-o-t-t-e, Burke, B-u-r-k-e. [LB572]

SENATOR WIGHTMAN: Thank you. [LB572]

CHARLOTTE BURKE: And our department, with its partners, is one, as Ms. Jeffrey talked about, that does utilize a comprehensive approach to tobacco prevention and control in our community. Tobacco Master Settlement Agreement grant monies awarded to Lancaster County through the Tobacco Free Nebraska have supported work by the Lincoln-Lancaster County Health Department and community partners to prevent tobacco use among youth, encourage adults to quit, and to reduce people's exposure to secondhand smoke. Currently, funds allocated for tobacco prevention in Nebraska are already less than 15 percent, as was mentioned earlier, of the CDC's recommended

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funding level. The funding cut proposed by LB572 would cripple our prevention program and make it impossible to maintain the progress we've made in Lincoln and Lancaster County. As you know, Lincoln has a local smoking ordinance, we call it the Lincoln Smoking Regulation Act, that has been in place for more than four years. This policy has been successfully protecting the public from secondhand smoke in workplaces and indoor public places. The health department relies on TFN funding to provide community education and to work closely with businesses to maintain the success of the ordinance. Our staff continues to be responsible for collecting and monitoring all data related to tobacco use in Lincoln and Lancaster County. Public health educators and other community partners are needed to engage businesses and the public in discussions about the hazards of secondhand smoke to promote tobacco cessation and to prevent more youth from starting to use tobacco products. Local data also supports the success of prevention efforts in Lincoln and Lancaster County that this funding has provided, and I'm going to provide you with a few examples. From 1996 to 2004, an average of about 40 percent of adults who smoked tried to quit annually. Since the implementation of Lincoln's ordinance, which was in 2005, an average of 54 percent of adults who smoke have tried to quit annually. Despite an estimated population increase of more than 10 percent in Lancaster County from 2000 to 2007, fewer people smoked in 2007 than in the year 2000. In addition to these successes, there are other indicators that our programs have contributed to a culture change regarding smoking in Lincoln and that more resources are needed to meet the demand for assistance. For example, all of our major healthcare facilities in Lincoln have now implemented smoke-free campuses. They join a growing number of large businesses and other healthcare facilities that are better protecting the health of their staff, the patients, and visitors. Lincoln's worksite wellness council, WorkWell, has seen the offering of assistance for tobacco cessation to their member employees increase to an all-time high. WorkWell businesses that have implemented smoke-free campuses have increased from 5 businesses in 2005 to 26 businesses in 2008. And I'd like to add that this particular organization represents about 60,000 employees in Lincoln. There are now 22 lodging facilities, which is 37 percent of all our hotels and motels, that are completely smoke-free in Lincoln. This represents more than 1,600 permanently smoke-free rooms. And more owners and managers of multiunit family dwellings are concerned with secondhand smoke and seeking help in implementing smoke-free buildings. This demand has risen sharply over the last year. I ask this committee to make it a priority to adequately fund tobacco prevention programs like ours with state tobacco revenue. As you may know, only \$3 million of the more than \$100 million annual tobacco revenue is currently committed to prevention and cessation services across the state. Additional funding is necessary to meet the needs across the state in tobacco prevention. A cut will mean a reduction of tobacco prevention staff at the health department, as well as with our partnering agencies. This reduction in professionals dedicated to tobacco prevention will make it impossible to maintain the progress we have made in Lancaster County. The program results that I am sharing with you today can easily revert back, as has been seen in many other states that have cut back on their tobacco funding. Please

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understand that this is a critical investment that does improve the health of Nebraskans for generations to come. And again, I appreciate this opportunity to appear before you today. And if you have any questions, I'd be happy to answer them. [LB572]

SENATOR WIGHTMAN: Thank you, Charlotte, for your testimony. Senator Nelson. [LB572]

SENATOR NELSON: Thank you for testifying today. I'm interested in this paragraph that 40 percent of adults tried to quit annually, later 54 percent tried to quite annually. [LB572]

CHARLOTTE BURKE: Right. [LB572]

SENATOR NELSON: Do you have programs that help people trying to quit, that assist them in eventually reaching that goal? I know it's very difficult, but what do you do in the way of that area? [LB572]

CHARLOTTE BURKE: Well, first of all, we're pleased that we can monitor that sort of data. That's really very important for us to be able to provide this information. And then secondly, yes, one of the particular programs that I mentioned is through the worksite council because we have so many businesses that are tied into the process of employee health and they really have been very aggressive in trying to help their employees quit. Of course, we have the statewide Tobacco Quitline, which is extremely important for us, and we've been seeing the numbers going up in Lancaster County regarding the Quitline. So, yes, we do have programs that are available. [LB572]

SENATOR NELSON: Thank you. [LB572]

SENATOR WIGHTMAN: Thank you, Senator Nelson. Anyone else with questions? Seeing none, thank you for your testimony. [LB572]

CHARLOTTE BURKE: All right. Thank you. [LB572]

SENATOR WIGHTMAN: Others in opposition? [LB572]

NATASHA DOTY: (Exhibit 8) Senator Wightman and members of the Appropriations Committee, my name is Natasha Doty, N-a-t-a-s-h-a D-o-t-y, and I am representing the No Limits youth board. I am here today to ask you to preserve funding for the Tobacco Free Nebraska and vote against LB572. More people die from tobacco use each year than are killed by AIDS, alcohol, motor vehicles, homicide, illegal drugs, and suicide combined. With that, there are 36,000 youth now under 18 and alive in Nebraska who will ultimately die prematurely from smoking. With increasing attractiveness of tobacco products to youth, there is a great necessity to educate and prevent more young people

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from becoming victims of the tobacco industry's marketing ploys. As Nebraska's first youth-led and youth-driven tobacco prevention movement, No Limits is dedicated to exposing and opposing the tactics that are used to target Nebraska teens, and provides Nebraska teens the facts so that each Nebraska teen can make a fully informed choice about tobacco. With the proposed budget cuts to the Tobacco Free Nebraska Program, the ability of No Limits to interact with youth across the state would be greatly reduced and we would expect to see an increase in tobacco use. Tobacco prevention and cessation funding is essential to the state of Nebraska. The tobacco industry spends \$75.8 million per year on marketing in Nebraska alone. The amount spent on tobacco prevention and cessation funding is just a fraction of that, and only 12 percent of the CDC's recommended spending level for Nebraska of \$21.5 million per year. More, not less, of Nebraska's tobacco revenue should be spent helping tobacco users quit and keeping youth from starting. Tobacco Free Nebraska has been nationally recognized for its program and has seen positive changes in behavior and attitude throughout the state in the past five years. Nebraska wishes to be known as the good life. However, what kind of good life would it be to knowingly cut funding from a program which increases the quality of health throughout the state and reduces the death toll from such preventable diseases? Ask yourself, is that slogan just a saying or, as a state, are those words we wish to live by? To me, it would seem socially irresponsible to current and future Nebraskans to say that we are placing the value of a person's life at the price of a dollar. To create a better future for Nebraska youth, it is essential for tobacco cessation and prevention funding to be removed from the chopping block. Ninety percent of all adult smokers start while in their teens or earlier, and nearly two-thirds become regular, daily smokers before they reach the age of 19. Reducing the amount of funding for Tobacco Free Nebraska would devastate No Limits' ability to reach youth and prevent youth from making informed decisions about tobacco use. The current tobacco cessation and prevention funding is an investment in the future of Nebraska and I ask you to keep that investment intact. Thank you. [LB572]

SENATOR WIGHTMAN: Thank you, Natasha, for your testimony. Can you tell me a little about No Limits youth group? Is that a high school group or college or...? [LB572]

NATASHA DOTY: Well, No Limits is Nebraska's, as I said, first youth-led and youth-driven tobacco prevention movement and we're working to expose and oppose the tobacco industry's marketing tactics. And the youth board is composed of high schoolers from across the state of Nebraska, but the group is open to anyone who is interested in becoming involved. We have things such as summits that are held throughout the state to educate youth on what the tobacco industry is doing and allowing youth to become empowered in their decisions regarding tobacco use. And so it really doesn't work with just the youth board members but with youth clear across the state. [LB572]

SENATOR WIGHTMAN: Well, thank you for your willingness to come here and testify

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and I applaud your involvement and engagement in your state government. [LB572]

NATASHA DOTY: Thank you. [LB572]

SENATOR WIGHTMAN: Anybody else? Seeing no questions, thank you. We have one more or more? [LB572]

BONNIE THOMPSON: Hello, Senator Wightman and members of the Appropriations Committee. My name is Bonnie Thompson, B-o-n-n-i-e T-h-o-m-p-s-o-n, and I'm here to represent North Platte and the Community Connections Tobacco Free Lincoln County Coalition. I'm here today to ask you to preserve funding for the Tobacco Free Nebraska Program and to vote against LB572. I believe it is critical for communities such as Lincoln County, which have identified a need for comprehensive tobacco use prevention programs, to continue receiving state funding and the resources necessary to continue existing and to implement new programs. Currently, Nebraska ranks 30th among all states in our tobacco prevention and our control funding efforts. I have seen a number of positive results in Lincoln County as a result of funding from Tobacco Free Nebraska. One area where Tobacco Free Nebraska funding has helped Lincoln County residents is in their efforts to quit smoking and to quit other tobacco use. The Tobacco Prevention Coalition has been able to promote the use of the Nebraska Department of Health and Human Services Tobacco Free Nebraska Quitline as a resource for all individuals who are seeking ways to quit their tobacco addiction. Businesses such as the Wal-Mart Distribution Center have been incredibly grateful for the Quitline as a no-cost cessation opportunity for their employees and also to help promote their overall message of health and wellness. Tobacco Free Lincoln County has seen many local businesses and organizations succeed in their efforts to eliminate secondhand smoke exposure and to educate youth and families about the dangers of tobacco use. I would like to share with you these success stories and the unique situations surrounding each of these establishments. In the last year, Tobacco Free Lincoln County was thrilled to lend their support and to publicly recognize the following establishments for going smoke free: Roger's Fine Foods, LaQuinta Inn and Suites, Wal-Mart Distribution Center, the Holiday Inn Express, the city of North Platte, and all of Lincoln County properties. Tobacco Free Lincoln County has also assisted Sutherland Public Schools in adopting a tobacco-free campus policy. We were able to provide signs to post on the school campus to increase awareness and to inform students and visitors of the new school policy. Each community is different, with its own unique set of needs, cultures, environments, and circumstances. These differences make it essential for communities to provide a multidimensional tobacco prevention program, offering different services and resources to all individuals, businesses, and organizations taking an active role in protecting their families or their employees from secondhand smoke. The Tobacco Prevention Coalition was fortunate enough to share in these successes and provide each entity with the appropriate resources and the materials to make the transition to a smoke-free or tobacco-free environment easier. This would not have been possible without statewide

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prevention efforts available from Tobacco Free Nebraska. Statewide prevention efforts not only allow us to engage local media in tobacco prevention and educate individuals about the Tobacco Free Nebraska Quitline, but they also allow our community to empower youth by hosting events that teach children about the dangers of tobacco use. We also believe that other communities in the state could benefit from the kinds of programs we have been able to provide North Platte and the Lincoln County area, and we know what happens at community levels often leads the way and sets the standard for major improvements in all public health. And it's because of this I urge your opposition to cut any funding to the Tobacco Free Nebraska Program. Thank you all again, members of the Appropriations Committee and Senator Wightman, for your consideration of this important issue. [LB572]

SENATOR WIGHTMAN: Thank you, Ms. Thompson, for your testimony. [LB572]

BONNIE THOMPSON: Yes. [LB572]

SENATOR WIGHTMAN: Thank you for coming down to keep a watchful eye on your senator, who's doing a great job but it never hurts to keep a watchful eye. [LB572]

BONNIE THOMPSON: He's doing a great job. [LB572]

SENATOR WIGHTMAN: Thank you. [LB572]

BONNIE THOMPSON: That's for all of North Platte. [LB572]

SENATOR HANSEN: I have a question,... [LB572]

SENATOR WIGHTMAN: Yes, Senator. [LB572]

SENATOR HANSEN: ...if I could. Do you live in the county? [LB572]

BONNIE THOMPSON: I do not. I do not live in Lincoln County. (Laugh) [LB572]

SENATOR HANSEN: There you go. See? (Laughter) She's Mark Christensen's constituent actually. But thank you for doing the work you do in Lincoln County. [LB572]

BONNIE THOMPSON: Thank you. [LB572]

SENATOR HANSEN: Is tobacco a legal product? [LB572]

BONNIE THOMPSON: Tobacco is a legal product. [LB572]

SENATOR HANSEN: Is there a safe amount of tobacco that a person could smoke?

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[LB572]

BONNIE THOMPSON: No, there is no safe amount of tobacco a person can smoke.
[LB572]

SENATOR HANSEN: One cigarette per year. [LB572]

BONNIE THOMPSON: No. No amount of tobacco is... [LB572]

SENATOR HANSEN: You're a hardliner. (Laughter) [LB572]

BONNIE THOMPSON: And there is also no safe exposure to secondhand smoke. Along with using tobacco products, they are not safe and neither is secondhand smoke and secondhand smoke exposure. [LB572]

SENATOR HANSEN: Thank you. [LB572]

BONNIE THOMPSON: Welcome. [LB572]

SENATOR WIGHTMAN: And I assume part of that risk is the likelihood of addiction when they first smoke their first cigarette. Is that correct? [LB572]

BONNIE THOMPSON: Yes, and it is so disturbing and so frustrating to me that it takes a child between the ages of 10 and 11 only smoking less than one day to develop an addiction to tobacco. [LB572]

SENATOR WIGHTMAN: Thank you again for your testimony. Any other questions? Seeing none, thank you. [LB572]

BONNIE THOMPSON: Thank you. [LB572]

SENATOR WIGHTMAN: Do we have other testifiers in opposition? (See also Exhibit 9) I assume we're not too likely to have a testifier in a neutral position. Oh, we do. [LB572]

DAVID HOLMQUIST: (Exhibit 3) I'll be very brief, however. Good afternoon, Senator Wightman and members of the committee. My name is David Holmquist, H-o-l-m-q-u-i-s-t. I am the director of government relations for the American Cancer Society in the state of Nebraska. I just wanted to clarify a couple of things that had come up during other testimony. One of the things that I wanted to make sure you understood is that none of the money going to Tobacco Free Nebraska is used for any advocacy activities. That is absolutely prohibited in law so that no state, federal or local funds may be used for lobbying of any sort, none of that money is. When the term "advocacy organizations" was mentioned, that would be the American Cancer Society,

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the American Heart Association and others. So I wanted to make sure that you understood that. Nebraska ranks 39th in spending on tobacco prevention and cessation funding out of the 50 states and the District of Columbia, so our ranking is 39th. None of the money from the tobacco tax in Nebraska is spent on prevention or cessation. There is not a penny from the 64 cents per pack being spent on the problem with tobacco use. And in terms of how the program is working, I will tell you that the youth risk behavior survey, which is done every other year, in 1999, 39 percent of high schoolers reported smoking within the last 30 days. And if I...I'm using this from my memory bank so I hope it's correct. In 2000, that number had dropped to 18 percent, so that's a huge reduction. And I want to say that we do appreciate Senator Heidemann bringing this bill and making an effort to open a dialogue on how the Health Care Cash Fund is spent. It's a very important issue. When this first passed, public health of Nebraska ranked 51st in the nation. We were behind Mississippi and Alabama, for crying out loud. We have moved way up the spectrum because of the Health Care Cash Fund and its ability to create a good, operating, public health system in every county in the state of Nebraska. Without the Health Care Cash Fund, that couldn't have happened. And much of the positive tobacco work is a result of these public health entities that are located across the state, so those are just some factual things I wanted to get on the record. [LB572]

SENATOR WIGHTMAN: Thank you. [LB572]

DAVID HOLMQUIST: And I'd entertain questions if there are any. [LB572]

SENATOR WIGHTMAN: Thank you, Mr. Thompson (sic). A couple of questions. You said we ranked 51st. That's not out of the 50 states. We must have a larger pool, is that right? [LB572]

DAVID HOLMQUIST: That included the District of Columbia. We were worse than the District of Columbia. And if you travel there much, you understand (laugh) that it's not pretty there all the time. [LB572]

SENATOR WIGHTMAN: And then you mentioned 39th in funding and I didn't know if that was gross funding or is a percentage of... [LB572]

DAVID HOLMQUIST: That's gross funding. I don't have the exact number of where it would be in terms of percentage of what's recommended by the CDC. If the committee would like that I can get that. But I did a quick look through our reporting data, which you'll see in a folder that will be passed out when I testify on the next bill, that shows us, just going through it and counting it, was we were 39th in terms of overall spending. [LB572]

SENATOR WIGHTMAN: And I think we're about 36th in population, so we're not as far off as if we were looking at a percentage of funding perhaps. [LB572]

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DAVID HOLMQUIST: Perhaps not. Right. Right. [LB572]

SENATOR WIGHTMAN: But thank you for your testimony. Senator Fulton. [LB572]

SENATOR FULTON: Thank you. I...curiosity has been piked (sic). We are 51st out of 51 with regard to public health. Is there a particular criterion by which we're ranked such or...? [LB572]

DAVID HOLMQUIST: We were 51st. Senator Jensen a number of years ago introduced legislation as part of the Tobacco Control...the Health Care Cash Fund that provided funding to create a public health infrastructure which we did not have prior to 2002. That ranking was reports from the national...from CDC and other national organizations on how much we were spending to protect the health of our people. [LB572]

SENATOR FULTON: Okay. So by way of expenditure in public health as it relates to smoking cessation or public health, period? [LB572]

DAVID HOLMQUIST: Public health, period. [LB572]

SENATOR FULTON: Okay. [LB572]

DAVID HOLMQUIST: All aspects. [LB572]

SENATOR WIGHTMAN: And you don't have a figure. Did you have other questions, Senator Fulton? [LB572]

SENATOR FULTON: No, I just...some clarity on... [LB572]

SENATOR WIGHTMAN: We were 51st and that was in the percentage per capita funding, I assume. [LB572]

DAVID HOLMQUIST: Yes, and I was afraid you were going to ask that. I don't know the number now but I know it's moved way up the spectrum. [LB572]

SENATOR WIGHTMAN: So would we be in the top half today or do you know? [LB572]

DAVID HOLMQUIST: I would believe we would. [LB572]

SENATOR WIGHTMAN: Thank you. [LB572]

DAVID HOLMQUIST: That would be my guess. [LB572]

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SENATOR WIGHTMAN: Other questions? Seeing none,... [LB572]

DAVID HOLMQUIST: Thank you. [LB572]

SENATOR WIGHTMAN: ...anyone else wishing to testify in a neutral capacity? If not, Senator Heidemann, do you waive? Senator Heidemann waives closing. This will close the public hearing on LB572. [LB572]

SENATOR HEIDEMANN: We'll now open up the public hearing on LB459. Senator Harms. Welcome. [LB459]

SENATOR HARMS: (Exhibit 10) My name is John and middle initial N. Harms, H-a-r-m-s. I represent the 48th Legislative District. Senator Heidemann and colleagues, thank you for giving me the opportunity to visit with you about LB459. When I turned 50 years old, I was required by the people that I work for to start taking annual physicals and I did so reluctantly. That was the agreement in the contract. And then after I retired from my previous life I continued to take regular physicals, and about two years ago my family doctor retired and found a new doctor. And he said, you know, we need to find...I see you...I look at your records, I see that you go through annual physicals. He said, I'd like to start from a new line, a baseline on you so I can understand exactly where you are healthwise. So last year I went in for my regular physical and I'd had a colonoscopy three years ago and I know this is going to be okay, I hate doing this. It's just really the preparation that you don't like. The actual test is really nothing. And to my amazement they found that I had a growth on the colon. So I said, well, you know, legislative arena time is coming up, can I wait? He said, absolutely not, we need to remove that now. And so they did and, of course, it was precancer and I was fortunate. Nothing was malignant at that point, but it was the kind of growth that would have created cancer. And if I would have waited for my every five-year exam, I don't believe I would be having this conversation with you today. I most likely would have been fighting for my life because in fact when the physician, the cancer specialist and the surgeon came in after it was over, he said everything has come out...everything is just fine, John, but we want to tell you, you're a very fortunate man. I said, well, why is that? Because we've never had a growth this large that was not malignant. And so you see, this is kind of close to my heart because I may not have been able to have this discussion with you. And not only that, it's important for all of us to realize that once you turn 50 years old you need to start going up another notch with...when you deal with a physical, whether you're a man or whether you're a woman. It doesn't make any difference. It's extremely important that you go through these physicals and making sure that you are okay. This particular program is an excellent program and, to be honest with you, I think it's something we really need to fund. Because what it does, it reaches out to the people who are not as fortunate as I was that could...that don't have insurance or can't afford to pay for it. This program does that. And I think it's extremely important that we find some solution to this in the future. What we're asking for, for '09-10, is \$700,000, and then '10-11, \$700,000.

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And this program itself, what they have found is that people have...they've been very successful with it and that they enroll over 4,700 people. They screened over 1,700 people. They took blood tests on the feces of over 1,300 people. They had colonoscopies on 413 people. They had polyps removed on 98 people. They had high-grade polyps, one was precancerous, just kind of like mine was, and cancer diagnosis was two. We're fortunate that we've had this program. We're fortunate that we have the opportunity to screen these people, but this was a grant. This was a pilot project, trying to find out whether there were ways that we could do this. Stay in the Game is a program that I think you see on the sports network when our own University of Nebraska steps up to the plate and the coaches will ask and encourage you to, you know, have a physical, have yourself checked. And the people that seem to be most reluctant to do these sort of things are men, and I believe I would have been one of those if I would not have had that tied to my contract and got into a regular habit of taking physicals. And so I would just urge you to give this thought, to think about it, think about the people that we might be able to help, think about the people who are less fortunate who don't have insurances. People who can't afford to do this is what this is about. This is really about saving people's lives. And so I would be happy to answer any questions. I'm sure there might be some people who will follow me that might have some of the answers that you're looking for, but I'd be happy to try to answer anything that you'd like to visit about. [LB459]

SENATOR HEIDEMANN: Senator Wightman. [LB459]

SENATOR WIGHTMAN: Yes, Senator Harms, would this be available for everybody or would it be for people who are without insurance? [LB459]

SENATOR HARMS: This is with people without insurance. These are people who are financially unable to do this. That's as I understand it. [LB459]

SENATOR WIGHTMAN: Thank you. [LB459]

SENATOR HEIDEMANN: Senator Hansen. [LB459]

SENATOR HANSEN: Thank you. Senator Harms, the \$700,000 appropriation goes into Program 514. [LB459]

SENATOR HARMS: Five fourteen, uh-huh. [LB459]

SENATOR HANSEN: How much money is in that program now? [LB459]

SENATOR HARMS: I don't know but I would tell you now that I think that, as I understand it, it will be pretty much completed at the end of this year. [LB459]

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SENATOR HANSEN: Seven hundred thousand dollars per examination is how many examinations? [LB459]

SENATOR HARMS: No, \$700,000 per year, be \$700,000 for '09-10, and '10-11 another \$700,000; \$1.4 million in two years would go into that program. [LB459]

SENATOR HANSEN: For how many examinations? How many people would this...? [LB459]

SENATOR HARMS: You know, I have that information and I think I can give that to you, what it costs for that. What it does, it cost...if you were going to do the colonoscopy...first of all, if you were going to do the blood testing, it's about...it's only \$15 a test. That's the easiest one to do. That pretty much determines for you in regard to whether you have a problem. And then they take the colonoscopy and that's \$1,000 to \$3,000. It depends upon where the procedure is done. I think mine where I live was about \$2,000. And then if they find any abnormalities there then they go ahead and do the actual surgery. [LB459]

SENATOR HANSEN: Thank you. [LB459]

SENATOR HARMS: Uh-huh. [LB459]

SENATOR HEIDEMANN: Are there any other questions? Senator Nelson. [LB459]

SENATOR NELSON: Could you describe the Stay in the Game Program a little bit? Is it a private agency that administers that or through health? How does this program work? [LB459]

SENATOR HARMS: Well, Stay in the Game, as I understand it, is through the American Cancer Society. [LB459]

SENATOR NELSON: Okay. [LB459]

SENATOR HARMS: And that's what they're sponsoring, trying to prevent cancer. And I think they tie that to the Cornhuskers and Stay in the Game to get people's attention. If you really want to get anybody's attention here, just talk about the Big Red and that program. Everybody watches it. And so you'll see ads run with Pelini, you know, encouraging you to have this test and have the exam. So I think it's a great way to go and so...is there any other questions? [LB459]

SENATOR HEIDEMANN: Seeing none, thank you. [LB459]

SENATOR HARMS: Well, you...well, you're pretty easy today. [LB459]

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SENATOR HEIDEMANN: Well, if you want to get my attention, your personal story got my attention, so you definitely would have my support because I know how important John Harms is. [LB459]

SENATOR HARMS: Well, thank you. [LB459]

SENATOR HEIDEMANN: And then...and everyone else, you know, so who it affects. So thank you for making it personal. [LB459]

SENATOR HARMS: Well, thank you very much. Uh-huh. [LB459]

SENATOR HEIDEMANN: Is anyone else wishing to testify in favor of LB459. [LB459]

DAVID HOLMQUIST: (Exhibit 16) Yes, thank you. I am afraid that I'm going to be taking on three roles right now, but I'll do my best. I hope I'm prepared enough. My name is David Holmquist, that's spelled H-o-l-m-q-u-i-s-t. I am the director of government relations for the state of Nebraska for the American Cancer Society. I appear today in support of LB459. I brought a request to Senator Harms to carry this bill. Stay in the Game is a program that is operated actually through the Department of Health and Human Services. It has been funded through a grant from the federal government through the CDC. It was a three-year grant that was extended for one year so that we could get more screenings done. That grant cycle runs out the end of August. The department has ceased their FOBT screening as of last month, February, and moved on to doing colonoscopies, obviously only where indicated, but doing colonoscopies. The FOBT portion, which is called a fecal occult blood test, is a test that you and I, anybody who's over 50 should be taking every year. It's kind of a personal thing but we distribute kits that people use when they use the rest room. Those are sent into a laboratory for test. If the testing finds the evidence of blood in the stool, fecal blood in the stool, then it would indicate further testing. That further testing could be another FOBT or it could lead to other more serious testing, like a colonoscopy, depending upon the patient. So this is a statewide program that's been in effect now for almost four years. Stay in the Game is a moniker that was created to try to increase the visibility for screening for colon cancer. It was a cooperative effort primarily between the Department of Health and Human Services, the Every Woman Matters Program, which is the breast cancer screening program, people who, men and women, qualify for the screenings, if they are qualified under Every Woman Matters in terms of the federal percentage of poverty which is 225 percent to qualify for that program. Every Woman Matters is a part of the national breast and cervical cancer screening program that began being funded from the federal government in 1991. So Every Woman Matters has done a super job covering screening for breast cancer in Nebraska. The CDC then gave them this three-year grant, now in its fourth year, because of a continuation, to determine whether or not they could make a difference in the discovery of colon cancer

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among the women enrolled and among the spouses of the women who are enrolled in the program. And these are either uninsured or underinsured individuals, people who qualify based on their economic status. So Stay in the Game kicked off last summer with an event at Memorial Stadium. Coach Pelini has done advertising for it, as have the other coaches of the major athletics at UNL in each of the seasons. You also will have seen Jerry Tagge as one of the spokespeople and Johnny Rodgers as a spokesperson for the program. And the whole impetus of the program is so that more people over the age of 50 get screened for colon cancer and those screening numbers, I think Senator Harms mentioned them but let me review those quickly with you, screening in Nebraska will save thousands of lives. Only 38 percent of cancers are diagnosed at the earliest stages. The fecal occult blood test is only a \$15 test for those who have to pay for it. The American Cancer Society and partnering organizations distribute those free of charge in March, February, March, April during...March is colon cancer awareness month. We distribute those free of charge and our participating hospitals test those results free of charge. So that's...but that's available in Lincoln and Omaha, not the rest of the state. When that's indicated, we go on to a colonoscopy. Senator Harms mentioned how much that might cost. You also have in the packet data on how many people have been screened and so forth and so on, and there is a brochure on Stay in the Game that explains it to you. A physician was supposed to appear to follow me but, as physicians do, surgery came up, colon surgery, so he was unable to be here today. And I've been looking for Jim Rose. If any of you see Jim Rose in the audience, I'd be happy to welcome him. Jim has been the spokesperson and the driving force behind working with the state Health and Human Services System on Stay in the Game. And he had...we met last week and talked about his testimony and I will try to paraphrase that unless somebody tells me he's in the room, which I'm afraid he's not. Something must have...emergency must have happened. But he talked about the fact that Cornhusker sports brings the state together. It creates almost a family among the people of Nebraska, and that the idea behind Stay in the Game is that it creates a sense of responsibility for one's own health, making sure that one gets to the doctor and gets tested. Senator Nantkes is excused from this particular part of the conversation, but the rest of us are male adults who don't go to the doctor very often, if we can avoid it. Men don't get tested for colon cancer as often as they should. Senator Harms's personal story I think is very telling. Now he had a board telling him he had to get these tests all the time. He may not had gone to the doctor either. I don't know. But the Stay in the Game Program is terrific at promoting the idea that people need to be screened for colon cancer and other cancers. The next bill up is LB369, which is Senator Nantkes' on breast cancer. The packet that I got for you all has everything in it. Wanted to...you're going to have a long day and probably evening, so I'm trying to keep this short and I will simply put in the paperwork on LB369, if I may, and I do have some handouts on the breast cancer piece, one from the East-Central District Health Department and another one from Nebraska Federally Qualified Health Centers, both in support of LB369. (See Exhibits 12, 13) I think there's a lot of information in here and if you will take the time to read it, you'll find out a lot more about colon cancer. There's also a booklet called

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"Colon Cancer Facts and Figures" that is published by the American Cancer Society annually; some other paperwork, coupons for getting an FOBT kit, both in Spanish and in English; a booklet about colon cancer in general; and then this supplement you may have seen if you see the Sunday World-Herald. On Sunday, March 1, the supplement came out. And if you're old enough to remember the Beatles on Ed Sullivan, you're old enough to have a colonoscopy or some sort of a colon cancer screening. I will tell you that on the inside is a letter from the Governor in support of the program, saying what a good job it's done. And right next to the Governor, much to my surprise, is a picture of a man named Bill Scheve who's a colon cancer survivor. He was my next-door neighbor in Grand Island 35 years ago. I had no idea that he was a colon cancer survivor. He lost his first wife to another kind of cancer. She battled it for 20 years. The reason he's not with us today is he's on his honeymoon in New Zealand with his second wife who he took to the high school prom and they got back together after his first wife passed away, and they're now honeymooning in New Zealand. And because he was diagnosed early, his chances of survival are very, very good. And colon cancers that are caught in the precancerous stage are almost entirely preventable. Colon cancers caught in the early stage are 90 percent preventable, no recurrence in five years. I think I've said enough. [LB459]

SENATOR HEIDEMANN: Thank you. Why the...can you help me out, why the \$700,000? Would this theoretically fully fund or...? [LB459]

DAVID HOLMQUIST: It would fund the program at the same level it's been funded by CDC. [LB459]

SENATOR HEIDEMANN: Okay. [LB459]

DAVID HOLMQUIST: They're currently spending about \$582,000 a year for the various screenings and so forth, and then the full \$700,000 with the fiscal note calls for a 1.5 FTE to help run the program. So there's a little money in there for staffing but very little, and the rest of it will go out into the communities to help people get screened for colon cancer. And, you know, the money saved two lives. The other thing is colon cancer, in its advanced stage, costs about \$225,000 to treat with the new drugs. It doesn't take too many Medicaid recipients to cover \$225,000 to bring it up to \$700,000. Three Medicaid recipients will cost what this program would cost to reduce suffering and save lives and save revenue. [LB459]

SENATOR HEIDEMANN: Thank you. Are there any other questions? Seeing none, thank you. [LB459]

DAVID HOLMQUIST: Thank you. [LB459]

SENATOR HEIDEMANN: Is anyone else wishing to testify in favor of LB459? Is anyone

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wishing to testify in opposition on LB459? Is anyone wishing to testify in the neutral position on LB459? Seeing none, would Senator Harms like to close? Senator Harms waives closing. We will close the public hearing on LB459 and open up the public hearing on LB369, Senator Nantkes. [LB459 LB369]

SENATOR NANTKES: (Exhibit 11) Good afternoon, Chairman Heidemann, members of the committee. My name is Senator Danielle Nantkes, that's N-a-n-t-k-e-s, representing the "Fighting 46" Legislative District, here today to introduce LB369. Quite simply, colleagues, LB369 would appropriate \$250,000 in each fiscal year, 2009 and 2010, from the General Fund to be utilized for the Every Woman Matters Program within the Department of Health and Human Services. This program was...began in 1991 and has since screened approximately 60,000 Nebraska women for breast and cervical cancer. This bill would double the state's contribution to this program with the intention of saving more lives for more low-income eligible women. The money is used to provide reimbursements for mammograms, breast examinations, Pap smears, colonoscopy, and other associated laboratory costs. I think we can all agree that early detection of cancer saves lives and this increase in funding would save more lives. It is estimated that approximately 34,000 Nebraska women are currently eligible for screening under this program but current funding allows only about 10,000 of those currently eligible women to be screened. I urge your support of the bill and would be happy to answer any questions. Also, colleagues, please know that when we introduced this legislation, my office received a lot of e-mails and phone calls and letters of support about how this program has impacted many, many of our sisters, friends, neighbors, mothers, daughters across the state of Nebraska. That being said, in the interest of brevity, which hopefully will be rewarded by this committee, we've asked the proponents to keep their comments very short, very to the point, and any of them would be happy to talk with you in more detail about this program if necessary. I'd be happy to share any of those personal communications that our office has received if people are interested in that. But I think most of you are familiar with this program and what it does, the good that it does for Nebraska and that this simply says it's time to continue that good work. [LB369]

SENATOR HEIDEMANN: You're asking for \$250,000 in '09-10, '10-11. [LB369]

SENATOR NANTKES: Yes. [LB369]

SENATOR HEIDEMANN: What would that do to the...how much? [LB369]

SENATOR NANTKES: It would double the state's contribution to the program, and there's some information in the American Cancer Society's packet about how this program is funded. Currently, the Nebraska General Fund appropriation is about \$125,000 a year. The American Cancer Society is about \$125,000 a year. The Susan G. Komen for the Cure Foundation also contributes about \$164,000 per year, and under the CDC grant program we, Nebraska, receive a significant contribution. So this, like the

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program Senator Harms was talking about, is truly a remarkable partnership in terms of the nonprofit world, our public health community that exists, and, to its credit, the good work that the Department of Health and Human Services has done to coordinate efforts in regards to this program. And if I got those numbers wrong, I'm sure Liz will help me out. [LB369]

SENATOR HEIDEMANN: There might be a little discussion on that, but... [LB369]

SENATOR NANTKES: Okay. [LB369]

SENATOR HEIDEMANN: ...you're close enough. (Laugh) [LB369]

SENATOR NANTKES: Okay. [LB369]

SENATOR HEIDEMANN: Are there any other questions? Thank you. [LB369]

SENATOR NANTKES: Thank you. [LB369]

SENATOR HEIDEMANN: Is anyone else wishing to testify in favor of LB369? Welcome. [LB369]

JACKIE FLOHR: Thank you. My name is Jacquelyn Jackie Flohr, F-I-o-h-r. I am a cancer survivor, breast cancer survivor from Kearney, Nebraska. In September of 2006, it was a rainy, nasty, September day and there was a festival going to be held that I had wanted to go. I almost didn't go to it because it was so rainy, but I decided I loved the music and everything and I decided to go. There happened to be an Every Woman Matters booth there along with several other booths and I started talking to the gal. I had no insurance and had not had a mammogram for many years, and the gal was very supportive and told me that I needed to come and see her because I said I couldn't afford the insurance and I wasn't sure if I would meet the guidelines for money, and she said I did and she was extremely helpful. I called and she sent me the forms that I needed and I finally got an appointment with the doctors and everything. And I knew something was wrong when the doctor himself called me after my mammogram and said there was something suspicious and wanted me to get in right away, which I did, and they suggested that they needed a biopsy as soon as possible, which I had. I ended up having the biopsy and they found the cancer extremely early. I had a lumpectomy. They didn't like the margins. They were going to have radiation. They still didn't like the margins so they decided not to do the radiation and I ended up having a mastectomy on my right breast. I was very lucky in that they said they got it all and that I have not...I didn't have to have chemotherapy or radiation. But I am a strong proponent for anything I can do. I'm helping with the Relay for Life Programs and also for Every Woman Matters. When I think about it, if I hadn't a gone to that program in September, I don't know when I'd a had a mammogram and I don't know if I would even be here

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today talking about it. So I think it's just a wonderful program and I would like to see it be able to help as many women as possible in our area. [LB369]

SENATOR HEIDEMANN: Thank you for your testimony. Are there any questions? Seeing none, thank you. [LB369]

JACKIE FLOHR: Thank you. [LB369]

ADRIANNE MARINKOVICH: (Exhibit 14) Good afternoon, Senator Heidemann,... [LB369]

SENATOR HEIDEMANN: Welcome. [LB369]

ADRIANNE MARINKOVICH: ...members of the Appropriations Committee. My name is Adrienne Marinkovich, A-d-r-i-a-n-n-e M-a-r-i-n-k-o-v-i-c-h. Today I am here on behalf of the Nebraska Affiliate of Susan G. Komen for the Cure and the Nebraska Cancer Policy Coalition to ask your support of LB369. Susan G. Komen for the Cure represents a grass-roots network of breast cancer survivors and activists and we're working together to save lives, empower people, ensure quality of care for all, and energize science to find the cures. We know that the business of saving lives is not done alone, so we have partnered together with organizations such as American Cancer Society to bring our many voices together as one message for hope, hope that you can help us make a difference in the lives of the women of Nebraska. Nebraska Race for the Cure began in 1994 and since that time we have funded the National Breast and Cervical Cancer Early Detection Program here in Nebraska, including more than \$317,000 in the past two years. The American Cancer Society has provided more than \$250,000 in funds during that same time. The state of Nebraska currently funds the program at a level of \$125,000 per year. There's no need to duplicate Senator Nantkes' details of the program, but I would just like to reiterate that at the current funding level approximately 33 percent of the women, eligible women, are being screened each year. Between 2002 and 2007, 25,550 women were screened through the Every Woman Matters Program, including 13,188 mammography screenings and 20,884 Pap tests. From these screenings, 233 breast cancers were detected and 2,191 cervical cancers or cancerous precursor lesions were found. It is clear that this program is making a difference in the lives of women in Nebraska, but there's more that needs to be done. Please let me briefly tell you about the plight of breast cancer advocates in Nebraska. In the state of Nebraska, there will be 1,160 women diagnosed with breast cancer and 240 women will die from the disease in 2009. It is estimated that 60 women will be diagnosed with cervical cancer. The death rate among African-American women from breast cancer is 34 percent higher than that of white women. And in Nebraska, African-American women have the highest mortality rate in the nation. Additionally, Nebraska ranks 37th in the nation, including the District of Columbia, of women reporting to have had mammograms within the past two years. It is my job today to be a voice for those

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women who are the faces of these staggering statistics. Those of us in the fight against breast cancer view the Every Woman Matters Program as essential in providing services to women who have no other means of receiving these lifesaving tests. We also believe that you and the state do not have to do this alone. If the state provides increased funding for this program to grow, Komen and our partners can increase our efforts for education and outreach related to Every Woman Matters. We can concentrate on informing women about their risks and the importance of early detection. Until there is a cure, early detection and the Every Woman Matters Program are our best defense to fight these diseases. Please consider advancing the funding for this program to your proposed budget. Thank you and I'm happy to answer any questions. [LB369]

SENATOR HEIDEMANN: Thank you for coming in and testifying today. Are there any questions? Senator Wightman. [LB369]

SENATOR WIGHTMAN: I always am interested in the numbers and you said 37th out of 51. [LB369]

ADRIANNE MARINKOVICH: Uh-huh. [LB369]

SENATOR WIGHTMAN: Is that in gross spending or per capita spending or do we know? [LB369]

ADRIANNE MARINKOVICH: It's not in spending. It's the number of women who have received a mammogram in the past two year and that's from the behavioral risk surveys. [LB369]

SENATOR WIGHTMAN: And again, though, it's numbers and not percentage of population, or do you know? [LB369]

ADRIANNE MARINKOVICH: I don't know, no, but I can get that information for you. [LB369]

SENATOR HEIDEMANN: Senator Harms. [LB369]

SENATOR HARMS: Thank you very much for coming in. [LB369]

ADRIANNE MARINKOVICH: Uh-huh. [LB369]

SENATOR HARMS: Can you tell me, what does the research show or the data show in regard to African-American women and why is it so high? Is it they just don't have the medical services or could you help me understand that a little bit better? [LB369]

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ADRIANNE MARINKOVICH: Sure. African-American women are less likely to be diagnosed with breast cancer but more likely to die from the disease. The research behind that shows that there's several factors. It's not just one thing or another thing, but they do have less access to services. They're more unlikely to receive mammography screening. There's a variety of things. And I'm happy to provide any more information if you would like. [LB369]

SENATOR HARMS: Yeah, I would like to have that. And I'm also committed... [LB369]

ADRIANNE MARINKOVICH: Absolutely. [LB369]

SENATOR HARMS: ...in helping Senator Nantkes get this funded. I think it's extremely important. [LB369]

SENATOR HEIDEMANN: Senator Nordquist. [LB369]

SENATOR NORDQUIST: Yeah. Thank you, Adrienne. So 33 percent of the eligible women right now are being screened at the current funding level. First, what are the eligibility requirements? [LB369]

ADRIANNE MARINKOVICH: Uh-huh. [LB369]

SENATOR NORDQUIST: And second is that 33 percent, that is just a restriction due to lack of funding? [LB369]

ADRIANNE MARINKOVICH: Absolutely. [LB369]

SENATOR NORDQUIST: Okay. [LB369]

ADRIANNE MARINKOVICH: The 33 percent is from the restricted amount of funding. We have no more funds to screen additional women. [LB369]

SENATOR NORDQUIST: Sure. Sure. [LB369]

ADRIANNE MARINKOVICH: The current eligibility for Every Woman Matters is women living at or below 225 percent of the federal poverty level and they have to have no insurance or be underinsured. [LB369]

SENATOR NORDQUIST: Okay. Thank you. [LB369]

SENATOR HEIDEMANN: Are there any other questions? Seeing none, thank you. [LB369]

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ADRIANNE MARINKOVICH: Thank you. [LB369]

SENATOR HEIDEMANN: Is anyone else wishing to testify in support of LB369? (See also Exhibits 12, 13, 15, and 16) Is anyone wishing to testify in opposition of LB369? Is anyone wishing to testify in the neutral position on LB369? Seeing none, would Senator Nantkes like to close? [LB369]

SENATOR NANTKES: Mr. Chairman, members of the committee, I just briefly want to thank the brave survivors who joined us here today and the experts in relation to this program and these important issues who shared their information and took time out of their schedules to share their stories with this committee, and look forward to working with Senator Harms and the rest of the committee to ensure that we can improve health outcomes for Nebraskans. Thank you. [LB369]

SENATOR HEIDEMANN: Thank you, Senator Nantkes. With that, we'll close the public hearing on LB369. [LB369]

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Disposition of Bills:

LB269 - Held in committee.
LB369 - Held in committee.
LB459 - Held in committee.
LB572 - Held in committee.

Chairperson

Committee Clerk